



ISLAND COAST AIDS NETWORK

2231 McGregor Boulevard  
Fort Myers, Florida 33901  
Phone: 239-337-2391  
Fax: 239-337-7549  
www.icanswfl.org

*ican help!*

## Volunteer Application

**Our mission is "To stop the spread of HIV/AIDS and assist individuals infected and affected in Southwest Florida."**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Job Opportunities

Listed below are job opportunities commonly available at ICAN.  
Please indicate the jobs that interest you.

- Buddy Program
- Client Food Pantry
- HIV/AIDS Education/Outreach
- Clerical Assistance
- Fundraising
- Grounds and Maintenance
- Special Projects
- Translator
- Transportation
- Thrift Stores

Have you had any special training that may be helpful as a volunteer at ICAN?

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What professional background or experience do you have that might help you in working as a volunteer at ICAN? For example, have you ever been close to someone with a life-threatening illness? Give details if you feel comfortable doing so.

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If you would like to volunteer for special projects on an as-needed basis, what special skills do you have? (Please circle all that apply.)

- |                     |                   |                         |
|---------------------|-------------------|-------------------------|
| ·Thrift Store Clerk | ·Cooking          | ·Printing               |
| ·Furniture Moving   | ·Pet Grooming     | ·Newsletter Composition |
| ·Carpentry          | ·Child Care       | ·Computer Programming   |
| ·Construction       | ·Nursing          | ·Web Design             |
| ·Roofing            | ·Social Work      | ·Computer Graphics      |
| ·Appliance Repair   | ·Group/Counseling | ·Drawing                |
| ·Painting           | ·Legal Help       | ·Party Planning         |
| ·Floorcovering      | ·Accounting       | ·Fundraising            |
| ·Cleaning           | ·Public Speaking  | ·Marketing              |
| ·Gardening          | ·Grant Writing    | ·Bilingual/Multilingual |

Other: \_\_\_\_\_

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Please list any ideas or projects that you have in mind:

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Have you ever been convicted of a felony?    NO    YES    If yes, please explain:

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### Personal References:

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_      Years Known: \_\_\_\_\_

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_      Years Known: \_\_\_\_\_

3) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_      Years Known: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_      Date: \_\_\_\_\_

Interviewed By: \_\_\_\_\_      Date: \_\_\_\_\_

Comments:

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## Availability

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_



## Liability Waiver

*All persons participating in the **Island Coast AIDS Network, Inc. (ICAN)** Volunteer Program are required to read, agree to, and sign this waiver before participating.*

I, \_\_\_\_\_, assume all risks involved in participating in the Island Coast AIDS Network, Inc. (ICAN) Volunteer Program and do myself, my heirs, executors, administrators, and assignees waive, release, and forever discharge any and all rights and claims which may have or which hereafter accrue to me against Island Coast AIDS Network, Inc. (ICAN), including it's officers, members, employees, or guests, along with any sponsors and their representatives and successors.

### Emergency Contact Information

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_



# Confidentiality Understanding and Statement

The purpose of this Memorandum of Understanding is to emphasize that all information held in health records is confidential, with access governed by state and federal laws. Information that is confidential includes clients' name; address; medical; social and financial data; and services received. In addition, the fact that someone has had an HIV test is confidential, whether the result of that test is positive or negative. Data collection by interview, observation, or review of documents should be conducted in a setting that protects the client's identity from unauthorized individuals. Client information should not be discussed outside the agency, except in the performance of referrals to other agencies for client care.

Section 381.29 Florida Statutes, address the need for special discretion in the handling of sexually transmissible disease information. Sexually transmissible diseases, by their nature, involve sensitive issues of privacy and all programs designed to deal with these diseases should afford privacy and confidentiality to the client.

Section 381.004 Florida Statutes, deals with confidentiality of HIV test results. There are penalties for violating this statute. These penalties range from disciplinary action by the agency to criminal misdemeanor.

I understand and agree to abide by these confidentiality provisions.

I understand that jobs, homes and important relationships could all be harmed if I speak of the people and events I encounter in my work as a Board/Staff/Volunteer Member of Island Coast AIDS Network, Inc. (ICAN). I understand that outside of ICAN premises, my merely saying "Hello" to someone I recognize as an ICAN client could be a breach of confidentiality. For example, having to explain how they know you or where they met you.

Therefore, I hereby agree to maintain the confidentiality of the people I meet at ICAN. This includes names, addresses, telephone numbers, medical, psycho/social, or HIV status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_